Docket No. MR/04-001.PCT.US

Declaration and Power of Attorney For Patent Application

English Language Declaration

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

HEAD COIL AND NEUROVASCULAR ARRAY FOR PARALLEL IMAGING CAPABLE MAGNETIC RESONANCE SYSTEMS

(Number)	(Country)		(Day/Month/Year Filed)	_
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(Nlumbor)	(Carreton)	·	(D. (Mar.)) 04 E9 5	
(Number)	(Country)		(Day/Month/Year Filed)	
Prior Foreign Application	on(s)			Priority Claimed
I acknowledge the duty 1.56, including for co between the filing date continuation-in-part application(s) for pater application which desibelow and have also	s amended by any y to disclose inform ntinuation-in-part of the prior applic plication. priority benefits nt, or plant breed gnated at least o identified below, eder's rights certif	amendment nation which applications cation and th under 35 U. er's rights cone country of by checkin icate(s), or a	is material to patentability, material information whine national or PCT internations. S.C. 119(a)-(d) or (f), or sertificate(s), or 365(a) of a other than the United States the box, any foreign a pany PCT international apples.	as defined in 37 CFR ch became available ional filing date of the 365(b) of any foreign any PCT International es of America, listed pplication for patent,
			(if applicable)	
and was amended	OII		/if andiashla)	
Application Numbe and was amended				
was filed on		as Un	ited States Application No.	or PCT International
☑ is attached hereto.				
(check one)				
the specification of whi	ich			

l a	hereby claim the benefit under application(s) listed below:	35	U.S.C.	Section	119(e)	of	any	United	States	provisional
	60/546,995		02/2	22/2004						
	(Application Serial No.)		(Fili	ng Date)						
	(Application Serial No.)		(Fili	ng Date)		•				
	,		(,						
	(Application Serial No.)		(Fili	ng Date)						

I hereby claim the benefit under 35 U. S. C. Section 120 of any United States application(s), or Section 365(c) of any PCT International application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. Section 112, I acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me to be material to patentability as defined in Title 37, C. F. R., Section 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application:

PCT/US05/05744	02/22/2005	Pending
(Application Serial No.)	(Filing Date)	(Status) (patented, pending, abandoned)
(Application Serial No.)	(Filing Date)	(Status) (patented, pending, abandoned)
(Application Serial No.)	(Filing Date)	(Status) (patented, pending, abandoned)
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(Application Serial No.)	(Filing Date)	(Status) (patented, pending, abandoned)
(Application Serial No.)	(Filing Date)	(Status) (patented, pending, abandoned)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (list name and registration number)

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